

Blank Occurrence Report Template

for OE, SC 1, SC R, SC 2, & SC 3 reports

Hint: Print out a copy of this template before you fill out your draft. The instructions included at the end of the template will assist you in entering the appropriate data in each field.

**REMEMBER, HAVE A DERIVATIVE CLASSIFIER (DC)
REVIEW YOUR DOCUMENT PRIOR TO SUBMISSION BY
E-MAIL, FAX (844-3014), OR HARDCOPY.**

- For Information on a field see the instructions at the end of this template.
- You may use the tab key or your mouse to navigate within the template. Clicking on the gray areas will activate the pull-down menus.
- This template is an MS Word document. Save it as you would any other Word file.
- When you are ready to write/submit either an Update or Final Report, please revise the document sent to you from Occurrence Reporting and submit it to the [Occurrence Reporting Reqs](#) via e-mail. **REMINDER: If you use any other process to submit your occurrence, you must remember to copy all OR Team Members ([Jewelee Lucero](#) and [Chris Tolentino](#) (SNL/NM) or [Terri Crippen](#) (SNL/CA)) to ensure your occurrence has been received and gets processed in a timely manner. If you choose to hand carry your info to the OR Rep, please bring it to Bldg 701/1101 (SNL/NM).**
- You are welcome to contact a Rep at any time at either 845-4727 (SNL/NM), 844-5996 (SNL/NM) or 294-3675 (SNL/CA).

Occurrence Report for OE, SC 1, SC R, SC 2 and SC 3

Notification Update Final

Those fields highlighted in **yellow** are required for notifications. Both **yellow** and **blue** are required for final reports, the remaining **uncolored fields are optional**.

1. Occurrence Report Number: This field is populated by DOE ORPS

2. Facility Name: This field is populated by DOE ORPS

3. Facility Function Code:

4. Site Name: Sandia National Laboratory - AL

5. Facility Manager/Designee: (Name)

6. Telephone No.:

7. Job Title:

8. Originator/Transmitter: This field is populated by DOE ORPS

9. Originator Phone #: This field is populated by DOE ORPS

10. Originator Title: (Reporting Administrator) This field is populated by DOE ORPS

11. Division:

11A. Project:

11B. Level II Manager of Org. Owning the Occurrence:

12. Secretarial Office:

13. System/Equipment:

13A. Building:

13B. Room Number:

13C. Additional Location Description:

13D. EOC Event Number

14. Derivative Classifier: (Name printed)

14A. Name (Signature):

15. Classification Date: (mm/dd/yy)

15A. Classification Level: **The classification level must be Unclassified, Unlimited Release.**

16. UNCI? Yes No **Per the 2003 DOE OR requirements, this OR must not contain UCNI..**

17. Tech Area:

18. Discovery Date/Time: Date: (mm/dd/yy) Time: (hhmm)

19. Categorization Date/Time: Date: (mm/dd/yy) Time: (hhmm)

20. Subject/Title of Occurrence:

21. Reporting Criteria (Formerly Nature of Occurrence) – Select up to 3:

An asterisk (*) beside the Reporting Criteria denotes “prompt notification.” Please read OR Matrix for Reporting Criteria Definitions

GROUP 1. OPERATIONAL EMERGENCIES		
GROUP 2. PERSONNEL SAFETY AND HEALTH		
SUBGROUP A – OCCUPATIONAL ILLNESS/INJURIES	SUBGROUP B – FIRES/EXPLOSIONS	SUBGROUP C – HAZARDOUS ENERGY CONTROL
GROUP 3. NUCLEAR SAFETY BASIS		
SUBGROUP A – TECHNICAL SAFETY REQUIREMENT VIOLATIONS	SUBGROUP B – DOCUMENTED SAFETY ANALYSIS INADEQUACIES	SUBGROUP C- NUCLEAR CRITICALLY SAFETY
GROUP 4. FACILITY STATUS		
SUBGROUP A – SAFETY STRUCTURE/SYSTEM/COMPONENT DEGRADATION	SUBGROUP B – OPERATIONS	SUBGROUP C- SUSPECT/COUNTERFEIT AND DEFECTIVE ITEMS OR MATERIAL
GROUP 5. ENVIRONMENTAL		
SUBGROUP A – RELEASES	SUBGROUP B – ECOLOGICAL AND CULTURAL RESOURCES	
GROUP 6. CONTAMINATION/RADIATION CONTROL		
SUBGROUP A – LOSS OF CONTROL OF RADIOACTIVE MATERIALS	SUBGROUP B – SPREAD OF RADIOACTIVE MATERIALS	
SUBGROUP C- RADIATION EXPOSURE	SUBGROUP D- PERSONNEL CONTAMINATION	
GROUP 7. NUCLEAR EXPLOSIVE SAFETY	GROUP 8. TRANSPORTATION	
GROUP 9. NONCOMPLIANCE NOTIFICATIONS	GROUP 10. MANAGEMENT CONCERNS/ISSUES	

22. Significance Category:

23. (For Occurrence Management Use Only)

Recurring Event Yes No

24. Event Caused by: Sandian Subcontractor

24A. If Subcontractor caused event – List company name:

24B. Regulatory non-compliance (If Reporting Criteria Group 9 is selected)

- i. List the amount of the initial assessed fine:
- ii. List the amount of the final fine if different from the initial fine:

25. Description of Occurrence:

26. Early Notification:

Two calls must immediately be made:

- 1) DOE SSO FR – speak to the FR in person. This notification must be made person-to-person, not in a voice message. If you can't reach your FR, contact another FR. (http://www-irrn.sandia.gov/esh/om_prgrm/facilityreps.htm)
- 2) Call 311. (Document the event number and contact 311 after the event is under control and inform them of the event status.)

NOTE: If the FM/D happens to know at the onset of the event that it meets OR criteria without further info gathering, when making the early notification calls, they may state that they are performing early notification and reporting an occurrence. Document this notification date and time in both fields 26 and 26A.

Date	Time	Person Notified	Organization
		FR (must be verbal contact, NOT email or voice message) Name:	
		EOC	10337

26A. DOE – HQ/OC Notifications and 27: Other Notifications

When event conditions are stabilized, safe, you have all your facts together and know that you meet the threshold for a reporting criteria, make your **official** call to the FR. State that you are officially notifying the FR/DOE that you are reporting an occurrence. The official call and its date and time will be entered into this field.

Date	Time	Notification Type	Person Notified	Organization
			FR:	

28. Operating Conditions of Facility at Time of Occurrence:

29. Activity Category:

30. Immediate Actions Taken and Results:

31. Cause Codes:

NOTES:

- If selecting a cause code from the Cause Code A3 category, you must select an additional “couplet” cause code.
- Root cause is required for OE, SC 1, and SC R ORs.

Cause Code:	Cause Code:	Cause Code:
(Ex: A1B2C04)	(Ex: A1B2C04)	(Ex: A1B2C04)
If A3, add couplet:	If A3, add couplet:	If A3, add couplet:
(Ex: A2B4C07)	(Ex: A2B4C07)	(Ex: A2B4C07)
Cause Code:	Cause Code:	Cause Code:
Cause Code:	Cause Code:	Cause Code:
Cause Code:	Cause Code:	Cause Code:
Cause Code:	Cause Code:	Cause Code:

31A. In accordance with DOE O 225.1A, Accident Investigation, provide cause codes for Type A or B investigations, provide cause codes for:

Direct Cause:	Contributing Cause:	Root Cause:
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32. Description of Cause and Causal Analysis Methodology: (A. Provide the description of cause(s); B. List the method of causal analysis, e.g. systemic factors, change analysis, barrier analysis, etc.)

33. Evaluation by Facility Manager/Designee:

34. Further Evaluation Required? Yes No

34A. Before further operation? Yes No If yes, complete field #33

35. ISM: (If more than one management function applies, please select one function from each drop-down provided.)

and and

36. Lesson Learned: (Optional if the SC is 3)

This field should be completed when the final report is submitted. Please complete the following information for your lesson learned.

Title:

Lesson Learned Statement:

Discussion of Activities:

Analysis:

Recommended Actions:

Originator:

Contact:

Priority Descriptor: Red Yellow Blue Green

SNL Hazard Category:

Keywords:

Optional: Photographs or graphics may be included in the e-mail along with the final report submitted to the OR rep.

37. Similar Occurrence Report Numbers: (For SC R ORs, list the related SNL ORs in this field.)

38. User Field:

39. Corrective Actions

1. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
<ul style="list-style-type: none"> • Verification of Corrective Action Completion for OE, SC 1, and SC R ORs • Verification by Sampling for SC 2 ORs • Verification Optional for SC 3 ORs 			
Verification Date:		Verification records location: (optional)	
Verification performed by:		Verification Comments:	
Verification records retained by: (optional)			
<ul style="list-style-type: none"> • Corrective Action Validation of Effectiveness (optional for SC 2 and SC 3 ORs) 			
Validation Date:		Validation records location: (optional)	
Validation performed by:		Validation Comments:	
Validation records retained by: (optional)			

2. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
<ul style="list-style-type: none"> • Verification of Corrective Action Completion for OE, SC 1, and SC R ORs • Verification by Sampling for SC 2 ORs • Verification Optional for SC 3 ORs 			
Verification Date:		Verification records location: (optional)	
Verification performed by:		Verification Comments:	
Verification records retained by: (optional)			
<ul style="list-style-type: none"> • Corrective Action Validation of Effectiveness (optional for SC 2 and SC 3 ORs) 			
Validation Date:		Validation records location: (optional)	
Validation performed by:		Validation Comments:	
Validation records retained by: (optional)			

3. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
<ul style="list-style-type: none"> • Verification of Corrective Action Completion for OE, SC 1, and SC R ORs • Verification by Sampling for SC 2 ORs • Verification Optional for SC 3 ORs 			

Verification Date:	Verification records location: (optional)
Verification performed by:	Verification Comments:
Verification records retained by: (optional)	
• Corrective Action Validation of Effectiveness (optional for SC 2 and SC 3 ORs)	
Validation Date:	Validation records location: (optional)
Validation performed by:	Validation Comments:
Validation records retained by: (optional)	

4. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
<ul style="list-style-type: none"> • Verification of Corrective Action Completion for OE, SC 1, and SC R ORs • Verification by Sampling for SC 2 ORs • Verification Optional for SC 3 ORs 			
Verification Date:	Verification records location: (optional)		
Verification performed by:	Verification Comments:		
Verification records retained by: (optional)			
• Corrective Action Validation of Effectiveness (optional for SC 2 and SC 3 ORs)			
Validation Date:	Validation records location: (optional)		
Validation performed by:	Validation Comments:		
Validation records retained by: (optional)			

5. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
<ul style="list-style-type: none"> • Verification of Corrective Action Completion for OE, SC 1, and SC R ORs • Verification by Sampling for SC 2 ORs • Verification Optional for SC 3 ORs 			
Verification Date:	Verification records location: (optional)		
Verification performed by:	Verification Comments:		
Verification records retained by: (optional)			
• Corrective Action Validation of Effectiveness (optional for SC 2 and SC 3 ORs)			
Validation Date:	Validation records location: (optional)		
Validation performed by:	Validation Comments:		
Validation records retained by: (optional)			

6. Target Completion Date:	Actual Completion Date:	Owner:	Owning Dept.
Corrective Action Description:			
<ul style="list-style-type: none"> • Verification of Corrective Action Completion for OE, SC 1, and SC R ORs • Verification by Sampling for SC 2 ORs • Verification Optional for SC 3 ORs 			
Verification Date:		Verification records location: (optional)	
Verification performed by:		Verification Comments:	
Verification records retained by: (optional)			
<ul style="list-style-type: none"> • Corrective Action Validation of Effectiveness (optional for SC 2 and SC 3 ORs) 			
Validation Date:		Validation records location: (optional)	
Validation performed by:		Validation Comments:	
Validation records retained by: (optional)			

Instructions for Filling out a Blank OE, SC 1, SC R, SC 2 and SC 3 Occurrence Report

Those fields highlighted in **yellow** are required for notifications. Both **yellow** and **blue** are required for final reports; the remaining **uncolored fields are optional**.

FIELD 1 - Occurrence Report Number - This field is populated by DOE ORPS.

FIELD 2 - Facility Name - This field is populated by DOE ORPS.

FIELD 3 - Facility Function

Use the pull-down menu to select the Facility Function code that best describes the activity/function performed at the facility selected. Only one selection is allowed.

FIELD 4 - Site Name - This field is populated by DOE ORPS.

FIELDS 5 - 7 - Facility Manager/Designee; Telephone No.; Job Title

Field 5: Enter the name of the Facility Manager or Designee (FM/D) who has direct line responsibility for operation of the facility and who will own this occurrence report through completion.

Field 6: Enter the FM/D's phone number.

Field 7: Enter the FM/D's job title

NOTE:

- For SC 3 occurrences, the FM/D has approval authority for the final reports. If the FM/D is not a manager, please have your manager review and approve these ORs.

FIELDS 8-10 - Originator/Transmitter; Org. Phone; Originator Title - These fields are populated by DOE ORPS.

FIELDS 11 - 11A - Division/Project

Field 11: Select the division number of the organization owning the event from the pull-down menu.

Field 11A: Identify the project or the contractor organization title responsible for the facility at which the occurrence took place (e.g., Explosive Projects & Diagnostics, Decommissioning Facility).

FIELD 12 - Secretarial Office

Use the pull-down menu to select the DOE Secretarial Office to which this facility is operationally responsible. If the facility is operationally responsible to more than one Secretarial Office, enter the Secretarial Office that is most directly involved in the specific work activity during which the occurrence took place. In the past, most SNL ORs used "DP," which is no longer available. For most new ORs, consider using "NA - National Nuclear Security Administration." Only one selection is allowed.

FIELDS 13, 13A, 13B, and 13C - System/Equipment; Building; Room No.; Additional location description

FIELD 13: Identify all systems, equipment, or structural items involved in the occurrence, as applicable. In addition, in the case of component failures or defective parts or materials, provide such information as the manufacturer, model number, and size. Additional information may be provided in the "Additional Location Description" (Field 13C).

Field 13A: Please list the building(s) where the event occurred. This should include events that take place in the outside area near the building(s).

Field 13B: Also, if available, note the room number for further clarification.

Field 13C: A description field is available in case you need space to provide additional system/equipment/location information.

FIELDS 14 - 15A - Derivative Classifier

Field 14: Derivative Classifier Name (Printed) - Enter the name of the Derivative Classifier (DC) who determined that the report and its contents is unclassified.

Field 14A: Derivative Classifier Name (Signature) - The DC should sign the form.

Field 15: Classification Date - The DC should enter the date of his determination.

Field 15A: Classification Level - The DC should enter the level of classification. The classification level of this occurrence must be Unclassified, Unlimited Release.

NOTES:

- The DC's name should be on the SNL Classification Office's list of approved [DCs](#).
- The draft report must be DC'd prior to submission to OR Rep.
- The DC signature (page one of OR template) must be received by the OR Rep prior to e-mailing the OR template to them. Fax (844-3014) or hand carry (Bldg. 701, Room 1101) to the OR Rep.

FIELD 16 - Unclassified Controlled Nuclear Information (UCNI)

Reports with UCNI information used to be allowed for submission in the ORPS system. That is no longer the case, so the default to this field is "No."

FIELD 17 - Tech Area

Use the pull-down menu to select the name of the site-specific Tech area (e.g., Tech Area I, Tech Area II, off-site, etc...) where the occurrence took place.

FIELD 18 - Discovery Date/Time

Enter the date and time when the facility staff discovered the event or condition being reported. Dates should be entered mm/dd/yyyy (e.g., 06/03/2003), and times should be entered in military format: hhmm (e.g., 0630 for 6:30 AM and 1830 for 6:30 PM).

NOTE:

- Remember the definition of "Discovery" is when an abnormal condition is first observed and the FM/D has sufficient info to evaluate against the reporting criteria.

FIELD 19 - Categorization Date/Time

Enter the date and time when the Facility Manager/Designee determined that the event or condition constituted a reportable occurrence and determined its category (place Significance Category OE or 1-3 events on this form).

NOTE:

- Categorization needs to take place within 2 hours of discovery. Dates should be entered mm/dd/yyyy (e.g., 06/032003), and times should be entered in military format: hhmm (e.g., 0630 for 6:30 AM and 1830 for 6:30 PM).

FIELD 20 - Subject/Title of Occurrence

Enter a brief title or description that best details the nature, cause, and result of the occurrence. The text may not exceed 140 characters in length. The title should indicate the site of the occurrence and if an SNL employee or subcontractor was involved. If the occurrence involved an Un-reviewed Safety Question, the acronym "USQ" should be placed at the end of the Subject or Title of the Occurrence. The title should be brief, descriptive, and able to stand alone as it will show up in DOE summary reports without the description information in Field 25.

Examples of a descriptive title:

- Subcontractors Performed Work with Carcinogen(s) with Expired and Inadequate Procedure in Light Lab, TA-IV
- Low Voltage Electrical Shock to Tool Representative Working on the MESA Retooling Project at the MDL
- System Warranty Work by Subcontractor Activates Fire Alarm System in Specialty Gas Bunker of Bldg. 858

FIELD 21 - Reporting Criteria (Formerly Nature of Occurrence)

Use the pull-down menus to select up to three reporting criteria. Note that the selection of reporting criteria automatically selects the significance category. If more than one reporting criteria is selected, the report should be submitted at the level of the highest significance category selected. Descriptions for the Reporting Criteria may be found on the OM [website](#).

FIELD 22 - Significance Category

Input the Significance Category, which may be obtained from Field 21.

FIELD 23 - Recurring Event - (For Occurrence Management Use Only)

If necessary, a LIWG subteam will complete this field. On a quarterly basis, a performance analysis will be performed on a rolling year's worth of OR data both reportable and non-reportable events. If a trend is discovered, a Significance Category R (Recurring) report will be submitted. A LIWG subteam will meet on a quarterly basis to perform this analysis. There will be line involvement on an as-needed basis.

FIELDS 24 - 24A - Sandian or Subcontractor Caused

FIELD 24 - Select the appropriate box to designate whether a Sandian or a subcontractor caused this occurrence.

FIELD 24A - If it is a subcontractor, enter their company name (e.g., Acme Company) in the appropriate field.

FIELD 24B - Regulatory Noncompliance Notifications

If Reporting Criteria, Group 9, is selected, complete this set of fields:

- Enter the dollar amount of the initial assessed fine.
- Once the total revised fine is known, enter that information.

FIELD 25 - Description of Occurrence

- Enter a clear, concise, objective description of what happened and what was observed.
- Use active voice rather than passive voice. For example, write, "the electrician severed the conduit" rather than "the conduit was severed."
- Always remember that the typical reader doesn't have a clue about Sandia National Laboratories. The information should be clearly understood by a reader who is unfamiliar with the site and the subject matter.

- The 1st paragraph (Introduction) should always include: date, time, site of the occurrence, whether an SNL employee or subcontractor was involved, and a short descriptive statement. The first sentence should always map clearly to the title and the nature of occurrence.

Example:

"At approximately 09:30, 6/17/2003, Z Facility operations personnel reported an oil spill to the pavement on the west side of Bldg. 983. The spill originated from the storage tank of a mobile oil coalescing unit, which had been in use to reclaim contaminated transformer oil (Shell Diala AX) from secondary containment facilities. Spill volume was initially estimated to be approximately 50 -100 gallons."

- To the extent possible, avoid the use of plant-specific terms and acronyms. When used, such terms should be clearly defined. Acronyms should be spelled out in the initial use.

In following paragraphs, include the following details:

- The method of discovery;
- Any component failures, the failure modes, and duration of failures;
- Any personnel errors involved, including the type and result of the error;
- Any procedure problem encountered;
- The response of any automatic or manual safety system(s) and the signal(s) which initiated and terminated their operation;
- Operator action(s) that affect the course of events;
- The loss of any safety equipment;
- For contamination events, the information described in the OR Categorization Matrix, [Group 6](#)
- Any illness or injuries;
- Environmental impact.

Additional suggested details to include:

- Data/test results;
- Regulatory/permits violations;
- Relevant historical information;
- Potential program/mission impacts;
- Other relevant clarification information to assist the reader.

At the bottom of this field explain why:

1. An event is categorized more than 2 hours after discovery.
2. Why the discovery date may differ from when the event actually happened. (This is the time taken to acquire information for determination of reportability.)
3. Why the notification is submitted after the deadline:
 - OE and SC 1 ORs - Close of next business day, not to exceed 80 hours
 - SC R - Close of next business day
 - SC 2 - Close of next business day
 - SC 3 - No later than two business days

If you are reporting on Suspect, Counterfeit, or Defective Items (SCDI), please include as much of the following information as possible:

- Manufacturer/supplier/vendor (if available, include contacts, phone numbers and websites)
- Model/Part Numbers
- Size of Item
- Quantity of Item
- State "suspect," "counterfeit" or "defective" and why
- Usage application
- Method of discovery (how was the item found?)
- When was it found (e.g., during inspection, before installation, in service, failed)
- Final disposition of items
- Notification made (e.g., IG --DOE wants to know if we have made this notification or whether they need to do it)
- Provide photos, if available

FIELD 26 - Early Notification

Early notification must be made to the DOE FR and to either the SNL emergency or non-emergency phone numbers early on in the process. These calls inform: 1) the FR, and 2) SSO Duty Office via the SNL EOC that something has happened and that you are still gathering information. The official notification will be made later.

Enter the name(s), organization(s), and dates(s) and time(s) of notification of those people who were contacted. Other entries typically include notification to the Facility Manager/Designee's line management, Center and Division ES&H Coordinators and the OR Rep. You may also include Lockheed Martin notification. Dates should be entered mm/dd/yyyy (e.g., 06/03/2003), and times should be entered in military format: hhmm (e.g., 0630 for 6:30 AM and 1830 for 6:30 PM).

FIELD 26A - DOE-HQ/OC Notification

Required for the following types of notifications:

- **Operational Emergency**

- **Significance Category (SC) 1**
- **SC 2, if directed by the DOE/FR**
- **Any SC 2 or 3 events that have an Asterisk (*) by the significance category on the OR Categorization Matrix**

Use the pull-down menu in the "Contact" column to select "DOE/HQ/OC." Also enter the name and organization of the DOE HQ OC Coordinator and the date and time this person was notified. Dates should be entered mm/dd/yyyy (e.g., 06/03/2003), and times should be entered in military format: hhmm (e.g., 0630 for 6:30 AM and 1830 for 6:30 PM).

FIELD 27 - Other Notifications - (Entered in same table as Field 26)

Use the pull-down menu in the "Contact" column to select "Other Notification." Also enter the name(s), organization(s), and date(s) and time(s) of notification of state and local officials or other agencies. These entries typically include notification to the DOE Facility Rep and the Facility Manager/Designee's Line management, Center and Division ES&H Coordinators and the OR Rep. You may also include Lockheed Martin notification, if required. Dates should be entered mm/dd/yyyy (e.g., 06/03/2003), and times should be entered in military format: hhmm (e.g., 0630 for 6:30 AM and 1830 for 6:30 PM).

FIELD 28 - Operating Conditions of Facility at Time of Occurrence

Describe the operational status of the facility or equipment at the time of the occurrence including, for example, pertinent temperatures, pressures, or other parameters necessary for evaluation of the occurrence and its consequences. If said information is not applicable, enter either "Normal operations" or "Does not apply."

FIELD 29 - Activity Category

Use the pull-down menu to select the activity that best describes the ongoing activity at the time of the occurrence.

FIELD 30 - Immediate Actions Taken and Results

Describe the immediate or remedial actions taken to return the facility, system, or equipment item to stable condition; normal service; to correct or alleviate the anomalous condition; and to record the results of those actions. These may include temporary measures to keep the facility in a safe standby condition or to permit continued operation of the facility without compromising safety until a more thorough investigation or permanent solution can be effected. For contamination events, include the information described in the OR Reporting Criteria, [Group 6](#).

FIELD 31 - Cause Codes

Select the cause code(s) from the [Causal Analysis Tree \(CAT\)](#) that best represents the apparent causes of the occurrence. **If you select A3 (Human Factors) as the cause code, you must also select a cause code from one of the other cause nodes (this is known as a couplet).**

FIELD 31A - Cause Codes for Type A or B Investigations ONLY

For occurrences resulting in an accident investigation, all causes (direct, contributing, and root) identified in the accident investigation report must be included in the Final Report.

FIELD 32 - Description of Cause and Causal Analysis Methodology

Description

- Do not repeat a description of the occurrence, but discuss the results of the causal analysis in the causal description field.
- Discuss the causes of the occurrence including all causes and the corrective actions identified.
- A detailed description of the corrective actions is required to demonstrate that the identified actions will adequately address the cause(s) of the problem.
- For Type A or B Investigations, provide details on direct, contributing and root causes.

Methodology

Indicate the causal analysis method used on this occurrence. Examples:

- Systemic Factors
- Timeline
- Critique
- Barrier Analysis
- Events and Causal Factor Analysis
- Change Analysis
- Management Oversight and Risk Tree (MORT)
- Kepner-Tregoe Problem Solving and Decision Making

FIELD 33 - Evaluation by Facility Manager/Designee

1. Complete this field if response to Field 34A, "Before Further Operation" is Yes.

2. This field is required for all Update and Final Reports.

With the information available, the Facility Manager/Designee should provide his or her evaluation of the occurrence and its effect or possible effect on the plant, system, program, etc. The Facility Manager/Designee may later supplement this evaluation with additional entries in Update reports or in the Final report.

FIELDS 34 - 34A - Further Evaluation Required?

Field 34: Check the yes box if further evaluation is required.

Field 34A: If "further evaluation" is required prior to resuming operation, check this box.

- If the answer to 34A is yes, then complete field 33, "Evaluation by FM/D."

FIELD 35 - ISM

Use the pull-down menu to select one or more Integrated Safety Management (ISM) codes.

FIELD 36 - Lesson Learned (Optional for SC3 occurrences)

Include any lesson learned from the occurrence that could be of importance to other facility operators with similar operations or hazards.

Title: Title of the lesson learned.

Lesson Learned Statement: Statement that summarizes the lesson(s) that was learned for the activity.

Discussion of Activities: Brief description of the facts which resulted in the initiation of the lesson learned.

Analysis: Results of any analysis that was performed, if available.

Recommended Actions: A brief description of management-approved actions which were taken, or will be taken, in association with the lesson learned.

Originator: Name of the originating organization and person submitting the lesson learned.

Contact: Name, organization and phone number of individual to contact for additional information.

Priority Descriptor: A descriptive code that assigns a level of significance to the lesson Options Include: Red/Urgent, Yellow/Caution, Blue/Information, Green/Good Work Practice.

SNL Hazard Category: Use the pull-down menu to select the hazard categories (may select more than one). This information will be used to post the lesson learned in the appropriate area on the Corporate Lessons Learned homepage.

Keywords: Word(s) used to convey related concepts or topics stated in the lesson.

FIELD 37 - Similar Occurrence Report Numbers

1) Review the similar ORs provided to you by the OR Rep. List those OR numbers for any ORs that are similar to your event. The purpose of this item is to identify, if recognized, occurrences that might suggest a generic problem. It also serves to identify generic problems that may result in single or common lessons learned.

2) For Significance Category R (Recurring) occurrences, be sure to list in this field all of the SNL ORs associated with the SC R OR.

FIELD 38 - User Field

Facility-specific information (e.g., a cross-reference to performance indicator data) may be entered in this field. The text may not exceed 124 characters in length.

FIELD 39 - Corrective Actions

- Enter the Corrective Action Owner's name.
- Enter the owner's department number.
- Include a target completion date that has been negotiated and agreed upon by the owning department. When determining the target completion date, be sure to allow a reasonable amount of time to complete the corrective action.
- List all actions identified to correct the problem that, when completed, will prevent recurrence of the causes identified in Fields #31-31A. At the end of the description, list the associated Causal Code(s) in parenthesis.

Example:

Terminology will be updated and clarified in the SOP for maintenance of radiological monitoring equipment. (A1B3C02, A5B2C05)

NOTES:

- There should be a corrective action to satisfy every cause code that was selected. One corrective action may satisfy more than one cause code as shown in above example.
- Corrective actions shall be entered only after agreement by the owning department.
- For occurrences resulting in a Type A or B accident investigation, all corrective actions, developed in response to the judgments of need, must be included in the Final Report.

Corrective Action Verification

OE, SC1 and SC R ORs require independent verification of completion of corrective actions. See OM [guidance](#).

SC 2 level Occurrence Reports require verification of corrective actions by sampling (see the sampling process in the OM [guidance](#)). In these related fields, provide:

- The date the verification took place.
- The name of the person verifying that the corrective action has been completed.
- The name of the person retaining the verification report.
- The location where the verification report is being retained.

- Provide comments on the verification. Briefly describe your verification process.

Corrective Action Validation

OE, SC1 and SC R ORs require validation of the effectiveness of corrective actions. See OM [guidance](#). In these related fields, provide:

- The date the validation took place.
- The name of the person validating that the corrective action has fixed the problems.
- The name of the person retaining the validation report.
- The location where the validation report is being retained.
- Provide comments on the validation. Briefly describe your validation process.

Occurrence Reporting Reps: [Jewelee Lucero](#) and [Chris Tolentino](#) (SNL/NM) and [Terri Crippen](#) (SNL/CA)

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This page belongs to Department 10312

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